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UTILITY	Attorney Docket No. 12963-14						
PATENT APPLICATION	First Inventor JACKSON						
TRANSMITTAL	Title COLUMN HUNG SHORING BRACKET AND SLAB SUPPORT TRUSS SYSTEM						
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Express Mail Label No.						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450						
or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in Prior application information: Examiner For CONTINUATION or DIVISIONAL APPS only: The entire disclos	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATIONS PARTS 9. Assignment Papers (cover sheet & document(s)) 10. 37 C.F.R. 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other: Art Unit: Uner of the prior application, from which an oath or declaration is supplied branying or divisional application and is hereby incorporated by reference.						
19. CORRES	PONDENCE ADDRESS						
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This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mall Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

September 11, 2003

Signature

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FEE TRANSMITTAL		Application Number			ег				
for EV 2002			Filing Date					1	
for FY 2003			First Named Inventor JACKSOI		KSON	N .			
Effective 01/01/2003. Patent fees are subject to annual revision.			Examiner Name						
Applicant claims small entity status. See 37 CFR 1.27	Art Unit								
TOTAL AMOUNT OF PAYMENT (\$) 1,25	4.00					3-14			
METHOD OF PAYMENT (check all that apply)	FEE CALCULA					LATION (continued)		
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1. BASIC FILING FEE	1252		2252	205	Extension for	or reply within	second month		
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1001 750 2001 375 Utility filing fee 750.00	1255	1,970	2255	985	Extension for	or reply within	i fifth month		
1002 330 2002 165 Design filing fee	1401		2401	160	Notice of Ap	ce of Appeal			
1003 520 2003 260 Plant filing fee	1402		2402		_	g a brief in support of an appeal			
1004 750 2004 375 Reissue filing fee	1403		2403		1	uest for oral hearing			
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1201 84 2201 42 Independent claims in excess of 3					(37 ČFR 1.	ČFR 1.129(a))			
1203 280 2203 140 Multiple dependent claim, if not paid 1204 84 2204 42 ** Reissue independent claims	1810		2810		examined (each additional invention to be nined (37 CFR 1.129(b))			
over original patent	1801								
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application						<u> </u>		
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**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0								
SUBMITTED BY (Complete (if applicable)									
Name (Print/Type) Scott R. Pundsack		Registra		47,	,330	Telephoi	ne (416) 364-73	11	
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